

COMPETITIVE
VACANCY RE-ANNOUNCEMENT

ABERDEEN AREA INDIAN HEALTH SERVICE
DIVISION OF PERSONNEL MANAGEMENT
FEDERAL BUILDING, RM. 309, 115-4TH AVENUE S.E.
ABERDEEN, SOUTH DAKOTA 57401

ABERDEEN AREA IHS IS A SMOKE FREE ENVIRONMENT

August 5, 2004

POSITION: *Nurse Practitioner OR **LOCATION:** PHS Indian Health Center
**Physician Assistant (FT6104) Diabetes Program
Fort Totten, North Dakota

SALARY: *GS-610-11, \$58,846 or **VACANCY NUMBER:** AO-DEU-03-12-FT-R3
**GS-603-11, \$52,962 Per Annum

OPENING DATE: August 12, 2004 **CLOSING DATE:** Open Until Filled

Applications and related documents must be received at the above address postmarked by the issuance date of the selection roster. For information contact TROY BAD MOCCASIN at (605) 226-7217. All applications are subject to retention; no requests for copies will be honored. Applications can be **faxed to 605/226-7668, (NOT RESPONSIBLE FOR UNSUCCESSFUL TRANSMISSIONS)**. Applications by e-mail will be accepted. It is the responsibility of the applicant to submit a complete application.

E-MAIL TO: troy.badmoccasin@ihs.gov

APPOINTMENT:

XX Permanent
___ Not-To-Exceed The applicant selected for this position may be appointed to either a one year appointment or an appointment in excess of one year, depending on the status of the applicant.

WORK SCHEDULE:

XX Full-Time
___ Part-Time
___ Intermittent

MOVING: Travel will be paid provided all legal and regulatory requirements and travel regulations are met.

CONDITIONS OF EMPLOYMENT:

ON-CALL ___ YES XX NO *call-back duty is defined as irregular or occasional work performed by an employee on a day when the work was not scheduled for the employee. This will require the employee to return to his/her place of employment within the specified timeframes.

* All applicants are required to complete the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" form to determine eligibility for federal employment. **Your application may not be considered for this designated childcare worker position if you do not complete and submit this form or if you answer "Yes" to either of the two questions.**

- **Must provide AVERAGE HOURS WORKED PER WEEK on application.**
- Applicants applying for area office positions may be required to be immunized, for measles and rubella, if he or she provides services or has contact with patients at the service units. Persons born before 1957 are not required to take

the measles vaccine or provide proof of immunity. Special consideration may be allowed to individuals who are allergic to a component of a vaccine or have a history of severe reaction to a vaccine or who are currently pregnant.

GRADE POTENTIAL: XX NO ___ YES to grade(s) GS-

SUPERVISORY/MANAGERIAL: XX NO ___ YES

*may require one year probation

THE INDIAN HEALTH SERVICE HAS A ZERO TOLERANCE SEXUAL HARASSMENT POLICY, IHS CIRCULAR NO. 95-11, IN PLACE WHICH IT DISSEMINATES TO ITS EMPLOYEES.

WHO MAY APPLY : Any U. S Citizen.

DUTIES AND RESPONSIBILITIES: Provides Family Nurse Practitioner or Physician Assistant care primarily but not limited to ambulatory diabetic patients in the clinic. Participates in the Diabetes Program multidisciplinary team to assess and provide culturally relevant medical care to patients with diabetes. Conducts ambulatory care diabetes clinics, counsels patients on the status of their diabetes. Receives assistance and guidance from clinic physicians, but must be able to operate clinics independently. Within the scope of training, diagnosis's conditions of patients, prescribes medication and treatment therapy and/or directs nurses, pharmacist, and non-professional health personnel to carry out appropriate therapy. Performs routine laboratory and screening techniques. Orders all other tests from lab and takes appropriate samples, cultures and specimens. Does routine baseline EKG's on all diabetic patients. Recognizes and evaluates situations which call for emergency medical procedures or required the physician to treat the condition such as: cardiopulmonary resuscitation for cardiac arrest and giving of intravenous glucose for hypoglycemic shock. Identifies individual patient needs and assists the patient and the patient's family in establishing treatment goals. Makes and/or facilitates the referral of patients to the appropriate health facilities, agencies and resources of the community. Provides inservice education on all medical aspects of diabetes to; other physicians assistants/FNP's nurses, nutritionists, medical technologist, CHR's etc. Actively participates in medical staff meetings, serves on appropriate staff committees as appointed or elected.

QUALIFICATION REQUIREMENTS: Candidate must meet qualification standards as specified in **OPM Operating Manual** (Qualification Standards for General Schedule Positions):

NURSE PRACTITIONER

Selective Factor: Certification as a Nurse Practitioner by the appropriate certifying body is required for this position. Individuals obtaining a qualifying degree must be certified within six (6) months of the appointment.

BASIC REQUIREMENTS:

Education: Degree or Diploma from a professional nursing program approved by the legally designated State crediting agency at the time the program was completed by the applicant.

Registration: Applicants must have active, current registration as a professional nurse in a State, District of Columbia, the Commonwealth of Puerto Rico or a territory of the United States.

Experience/Education:

GS-11: Completion of all requirements for a doctoral degree (Ph.D. or equivalent) or three (3) full years of progressively higher level graduate education OR one (1) year of experience

equivalent to at least the GS-9 level.

Evaluation of Experience: Experience must have equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position. Many position require experience in a specialty area of nursing. For example, experience in diabetic care and/or in a clinic or satellite office as sole provider.

PHYSICIAN ASSISTANT

Selective Factor: Certification as a Physician Assistant by the National Commission on Certification of Physician Assistants is required. Exception for new physician assistant graduates (defined as individuals who have obtained a qualifying degree within 12 months of their appointment) have 1 year from the date they enter on duty to provide evidence of certification. During this 1 year period, new physician assistant graduates will be assigned responsibilities under closer supervision that normally expected of a certified physician assistant.

BASIC REQUIREMENTS:

A broad background of knowledge of the medical environment, practices and procedures such as would be acquired by a bachelor's degree in a health care occupation such as nursing, medical technology or physical therapy, or by 3 years of responsible and progressive health care experience such as medical corpsman, nursing assistant or medical technician; and successful completion of a certification or diploma program of at least 12 months, including clinical training or preceptor ship, specifically designed for professional-caliber physician's assistants that provided the knowledge and ability required to take a detailed medical history to conduct a physical examination, to follow observation procedures, to order and perform diagnostic and therapeutic tasks, and to exercise a degree of judgment in integrating and interpreting findings on the basis of general medical knowledge; or equivalent education and training.

OR

Successful completion of a full 4-year program for physician assistants leading to a bachelor's degree.

The course of study or training must be approved by a nationally-recognized professional body such as the Committee on Allied Health Education and Accreditation or the Accrediting Bureau of Health Education Schools, or b a panel of physicians established by a Federal agency for this purpose.

Additional requirements:

EXPERIENCE: One (1) year of specialized experience to at least the next lower grade level. The required experience must have demonstrated the ability to perform professional-caliber medical work as a physician's assistant with minimal supervision, including the exercise of a degree of judgment in integrating and interpreting diagnostic findings and in determining the need for referral to a physician.

EVALUATION OF EXPERIENCE: Applicants qualifying on the basis of specialized experience must have the following:

- Ability to identify a medical problem and determine appropriate action to meet the problem, including referral to a physician.
- Knowledge and understanding of the environment, principles, ethics and special human relationships in the field of medicine.
- Knowledge of the medical, biological and physical sciences related to the applicable

area of medicine.

- Knowledge of and ability to perform specified diagnostic and therapeutic practices and procedures.
- Ability to work responsibly with physicians and other members of the medical team and to deal effectively with patients.
- Ability to communicate effectively, both orally and in writing.

Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements. Applicants who meet the basic qualification requirements and selective factors described in this announcement will be further evaluated by determining the extent to which their work or related experience, education, training, awards, outside activities, and performance appraisal, etc., indicate they possess the knowledge, skills, and abilities described below. All applicants should provide clear, concise examples that show level of accomplishment or degree to which they possess the KSA's either on their application/resume or as a separate attachment. The information provided will be used to determine the "best qualified" candidates.

SUPPLEMENTAL QUESTIONNAIRE - KNOWLEDGE, SKILLS, AND ABILITIES

1. Ability to operate a clinic independently
2. Knowledge utilizing concepts of adult education.
3. Knowledge of the mores and customs of ethnic groups within the IHS.
4. Knowledge of availability and use of community resources.

HOW TO APPLY: Applicants must submit their applications to the Aberdeen Area Indian Health Service, Division of Personnel Management, Federal Building, RM. 309, 115-4th Avenue, S.E., Aberdeen, South Dakota 57401. **ALL APPLICATIONS MUST INCLUDE ALL THE APPLICABLE DOCUMENTS:**

1. Applicants may submit ONE of the following: a) OF-612, Optional Application for Federal Employment; b) SF-171, Application for Federal Employment; c) Resume; or d) any other written application format.
2. Current Performance Rating, if available.
3. If you wish to substitute appropriate education for experience, you **MUST** submit your transcripts along with your application. If your education is appropriate for the position being filled then your education may be substituted for experience.
4. For current or former Federal employees, a copy of your latest Notification of Personnel Action (SF-50B).
5. **VETERAN'S PREFERENCE CERTIFICATION:** Form DD-214 indicating discharge and or Form SF-15, claiming 10 point preference. No preference will be allowed unless a copy of the DD-214 is attached to the application.
6. **All applications for this position MUST include the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" form (see attachment).**

EMPLOYMENT OF PEOPLE WITH DISABILITIES:

IHS provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify Alice LaFontaine, Selective Placement Officer, at (605) 226-7213. The decision on granting reasonable accommodation will be on a case-by-case basis.

INFORMATION REQUIRED ON RESUMES AND OTHER APPLICATION FORMATS:

Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the Personnel Office to make a determination that you have the required qualifications for the position. **Failure to include any of the information listed**

below may result in loss of consideration for this position. Additional information will not be solicited by this office.

- a. Announcement Number, Title, and Grade of the job for which you are applying.
- b. Full name, mailing address (with zip code) and day/evening telephone numbers (with area codes).
- c. Social Security Number
- d. Country of citizenship
- e. Veteran's preference
- f. Highest Federal Civilian Grade held (give job series and dates held).
- g. High School - Name, City, State (with zip code), and date of diploma or GED.
- h. Colleges and Universities - Name, City, State (with zip code), majors, type and year of any degrees received (if no degree show total semester/quarter hours earned) (Attached transcripts).
- i. Work experience (paid/nonpaid)-Job title (include series and if Federal job), duties, responsibilities and accomplishments (*if you describe more than one type of work, i.e., carpentry and painting, or personnel and budget, write the approximate amount of time you spent doing each*), employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), **AVERAGE HOURS WORKED PER WEEK**, and salary (beginning/ending).
- j. Indicate if we may contact your current and/or former supervisor.
- k. Job-related training courses, skills, certificates, registrations, and licenses (current only), honors, awards, and special accomplishments.

DO NOT SUBMIT POSITION DESCRIPTIONS. All applications must be signed and dated. All material submitted for consideration under this announcement becomes the property of the Division of Personnel Management and is subject to verification.

Careful consideration should be given to the information provided, fraudulent statements or any form of misrepresentation in the application process could result in loss of consideration for this position and or determination of unsuitability for Federal employment. If position is **RE-ANNOUNCED**, please call the Division of Personnel Management as to status of application.

INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) FOR SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation (CES) you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a CES and, the date of the RIF separation has not passed and you are still on the rolls of the DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the DHHS in the same commuting area (or nationwide for IHS employees GS-09 and above) of the position for which you are requesting priority consideration.

5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation etc.).
6. Meet the basic qualifications for the position, any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).

If you are a displaced federal employee you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from the Office of Personnel Management (OPM) or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
 - A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:
 1. Received a specific RIF separation notice; or
 2. Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies that it is unable to place; or
 3. Retired with a disability and shows disability annuity has been or is being terminated; or
 4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates Retirement in lieu of RIF; or
 5. Retired under the discontinued service retirement option; or
 6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.

OR

- B. Former Military Reserve or National Guard Technicians who are receiving a special OPM disability retirement annuity under section 8337 (h) or 8456 of Title 5 United States Code.
2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation, etc.)
6. Eligible applicants will be considered "well qualified" if their documented experience, knowledge, skill and abilities are comparable to or exceed that described at the acceptable level on the crediting plan for the position to be filled.

THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.

Addendum to Declaration for Federal Employment (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

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Item 15a. Agency Specific Questions

Name: _____

(Please print)

Social Security Number: _____

Job Title in Announcement: _____

Announcement Number: _____

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child?
YES_____ NO_____

[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES_____ NO_____

[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. ***Please do not send completed data collection instruments to this address.***

FORM APPROVED: O.M.B. NO. 0917-0028
Expires 11/30/2005

Applicant's Signature (sign in ink)

Date